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Tel. 617.444.6100 • Fax 617.444.6483
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FAX TRANSMISSION

То	USFITO
Examiner	Tamthom Ngo Truong
Group Art Unit	1624
From	Michael C. Badia
Date	May 5, 2006
Application No.	10/7-50,326
Attorney Docket No.	VPI/02-142 US
	Response to Restriction Requirement
Total Pages	11

Message or Comment

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Attorney Docket No.: VPI/02-142 US
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE MAY 0 5 2006

APPLICATION No.: 10/750,326

CONFIRMATION NO.: 4684

FILING DATE: Dece

December 31, 2003

Not Yet Assigned

GROUP ART UNIT:

1624

APPLICANTS:

EXAMINER:

Jeffrey Saunders, et al.

FOR:

INHIBITORS OF PHOSPHATASES

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on May 5, 2006.

Lasa M. Romano

Signature

May 5, 2006

Cambridge, Massachusetts

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Response to Office Action/Restriction Requirement; [] a Petition for Extension of Time; [] a Declaration; [] a Power of Attorney; [] a copy of a Notice to File Missing Parts; [] a Response to Notice to File Missing Parts; [] a Supplemental Declaration; [] an Associate Power of Attorney; [] a substitute Specification; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] Petition for Revival; to be filed in the above-identified patent application.

Applicants: Jeffrey Saunders et al. Application No. 10/750, 326

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FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is r.ot required.
- [] A fee for additional claims is required.

The additional fee has been calculated as shown below:

•	CLAIMS REMAINING AFTER AMENDMENT	HIGHES NUMBE PREVIO PAID FO	R USLY	PRESENT EXTRA	RATE		ADDITION FEES	IAL
TOTAL	CLAIMS	•	:# ==	х	\$ 50	=	\$	0
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FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM + \$360 = \$								
	If less than 20, insert			TOTAL .			<u>\$</u>	<u>0</u>

- [] A check in the amount of \$__ in payment of the filing fee is transmitted herewith.
- Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Jeffrey Saunders et al. Application No. 10/750, 326

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EXTENSION FEE

[]	The following extension is applicable to the Response filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
[]	A check in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00 [] \$2,160.00 in payment of the extension fee is transmitted herewith.
[]	Please charge the extension fee in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
[X]	The Director is hereby authorized to charge payment of any additional fees

MISCELLANEOUS FEES

[]	Please charge \$	to Deposit Account No. 50-0725	in payment of the
	for	(37 C.F.R. §	<u> </u>).

required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,

Michael C. Badia, Reg. No. 51,424

Agent for Applicants

Vertex Pharmaceuticals Incorporated

130 Waverly Street

Cambridge, Massachusetts 02139 Tel: (617) 444-6467 Fax: (617) 444-6483 Customer No. 27916

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Attorney Docket No.: VPI/02-142 US

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Signature

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Applicants: Jeffrey Saunders et al. Application No. 10/750, 326

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FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is not required.
- [] A fee for additional claims is required.

The additional fee has been calculated as shown below:

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	[]	[] A check in the amount of \$ in payment of the filing fee is transmitted herewith.								
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	within fifth month pursuant to 37 C.F.R. § 1.136(a).

- [] A check in the amount of [] \$\(\times 20.00\); [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 in payment of the extension fee is transmitted herewith.
- Please charge the extension fee in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
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Respectfully submitted,

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Agent for Applicants

'o Vertex Pharmaceuticals Incorporated

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Cambridge, Massachusetts May 5, 2006

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RESPONSE TO OFFICE ACTION/RESTRICTION REQUIREMENT

Dear Sir:

This is in response to the April 5, 2006 Office Action setting forth an electron/restriction requirement in the above-identified application. The time for reply to this Office Action is up to and including May 5, 2006. Therefore, submission of this response on May 5, 2006 is timely.

Remarks begin at page 2.